

State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
Trenton, NJ 08625-0712

ELIZABETH CONNOLLY Acting Commissioner

> VALERIE HARR Director

KIM GUADAGNO
Lt. Governor

CHRIS CHRISTIE

Governor

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

E.N.,

PETITIONER,

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AND HEALTH SERVICES AND
MIDDLESEX COUNTY BOARD
OF SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 09513-15

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the case file, the documents in evidence and the Initial Decision. No exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to file a Final Agency Decision is November 2, 2015, in accordance with N.J.S.A. 52:14B-10, which requires an Agency Head to adopt,

reject or modify the Initial Decision within 45 days of the agency's receipt. The Initial Decision was received on September 16, 2015.

I hereby ADOPT the Initial Decision affirming the denial of Medicaid eligibility. The undisputed evidence in the record indicates that Petitioner's monthly income exceeds the maximum income limit for a pregnant woman. There is simply no authority that permits the relaxation or waiver of the income limits in any individual case.

Of course, if Petitioner's financial circumstances change, she may reapply for benefits.

THEREFORE, it is on this 8 hday of OCTOBER 2015,

ORDERED:

That the Initial Decision AFFIRMING the Denial of Medicaid benefits based upon excess income is hereby ADOPTED.

> Valerie J. Harr, Director Division of Medical Assistance

and Health Services